

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

651

Office of Registrar of Vital Statistics.

Ward

15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2nd

Signature, Heracles Ross

C. S. Bone

M. D.

Medical Attendant.

Business, H. C. R. Donway, Jr.

Address,

617 Sharp St.

Provisions of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

It is further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as possible the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

11

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 652 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, or who attended the person after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26, 1897

Full Name of Deceased, Wm. H. Mason
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 8 Months, 8 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 413 Perry St
{ Give Street and Number. }

Cause of Death, Marasmus - Exhaustion
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Lauril Cemetery

Date of Burial, June 27

Undertaker, Heracles Ross

Place of Business, 404 Broadway St Address, More Lombard

H. Swath M. D.
Medical Attendant.

from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within a reasonable time after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 153 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Brannock

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, _____ Months, _____ Days.

Color, d

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } US

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 212 Hughes Old no

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis
6 mos

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Gaule Cemetery

Date of Burial, June 27

{ Undertaker, Hercules Ross } Geo A Strauss M. D. Medical Attendant.

{ Place of Business, 404 Conroy St } Address, 9 E. Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department of Baltimore.

Permit No. A. 6574 Office of Registrar 7 1887 Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITH A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 - 1887
Full Name of Deceased, Maggie Lively {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Female, {Cross out the word not required in this line.}
Age, 18 Years, 6 Months, ✓ Days.
Color, White
Married, Single, Widaw or Widower, {Cross out the words not required in this line.}
Occupation, _____
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and Number.} 4 E. York St.
Cause of Death, {First (Primary), Second (Immediate),} Phthisis Pulmonalis
Duration of Last Sickness, 6 months
All the above information should be furnished by the Physician.
Place of Burial, Holy Cross
Date of Burial, June 27/87
{ Undertaker, C. F. Harsey & Son }
{ Place of Business, 703 Kanover } Address, 106 Bare St.
H. H. Hyster Jr. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 653 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, June 26th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Butler.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 72 Years, Months, ✓ Days.

Color, white.

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Machinist.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia -

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1641 W. Lawrence St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy,
Exhaustion

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 28 1887

{ Undertaker, Jos. B. Cook

{ Place of Business, 1003 W. Baltimore Address, Emma Sue & Robert

W. Ricketts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 656 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25/87

Full Name of Deceased, Sam Taxis {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female {Cross out the word not required in this line.}

Age, 22 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C. C. C.

Duration of Residence in the City of Baltimore, 22

Place of Death, {Give Street and Number.} 823 W Lombard

Cause of Death, {First (Primary), Pneumonia Second (Immediate), Apnoea}

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 27

{ Undertaker, Joseph B Cook } Robt Talbot M. D.

{ Place of Business, 1003 W Baltimore Address, 815 E. 1st St } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 657 Office of Registrar Vital Statistics

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26-1887

Full Name of Deceased, Mary Hibline
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 28 Months, 28 Days.

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, about 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27-1887

Undertaker, Jas. B. Cook

Place of Business, 1003 W. Baltimore

C. C. McDowell M. D.
Medical Attendant.

Address, 1521 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore, //

Permit No.

A. 658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James A Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, Seven Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 836 N Howard St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) 36 hours

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 28 1887 Geol Aple M. D. Medical Attendant.

Undertaker, Jas F Byrne

Place of Business, 59 N Liberty Address, 711 Cary St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 659 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1887
Full Name of Deceased, Mary M. Albin { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 7 Years, 7 Months, 7 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Baltimore
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life
Duration of Residence in the City of Baltimore, 204 N. Fremont St
Place of Death, { Give Street and Number. } Cholera Infantum
Cause of Death, { First (Primary), Second (Immediate), } 1 week
Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.
Place of Burial, Holy Cross
Date of Burial, June 28th 1887
{ Undertaker, M. Cadogan } { H. H. H. H. M. D. }
{ Place of Business, 227 Mulberry St } { 400 Cathedral St }
Address, 400 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 660 Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1887

Full Name of Deceased, Margaret Dutton
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 3 Balto

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 917 Grove St

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough - Pneumonia - Convulsions.

Duration of Last Sickness, 5-6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1887

Undertaker, William Dungee

Place of Business, 100 East St

Gorsky M. D.
Medical Attendant.
Address, 711 N. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]